2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725652

FILED Feb 27, 2009 Secretary of State

Entity Name: THE EDGEWOOD UNIT THREE ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
22805 SW 66TH AVENUE C/O DONALD BURKE BOCA RATON, FL 334282919				22805 SW 66TH AVENUE #207 C/O DONALD BURKLE BOCA RATON, FL 334282919		
Current Mailing Address:				New Mailing Address:		
22805 SW 66TH AVENUE C/O DONALD BURKE BOCA RATON, FL 334282919				22805 SW 66TH AVENUE #207 C/O DONALD BURKE BOCA RATON, FL 334282919		
FEI Number:		FEI Number Applied For ()	FEI Nur	nber Not Appl	olicable (X) Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and	d Address of New Registered Agent:	
DONALD BURKE 22805 SW 66 AVE BOCA RATON, FL 33428 US				DONALD BURKLE 22805 SW 66 AVE 207 BOCA RATON, FL 33428 US		
	named entity si of Florida.	ubmits this statement for the p	purpose o	of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE: DONALD (BURKLE			02/27/2009	
	Electroni	c Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I MCINTYRE, BAR 22805 SW 66 AV BOCA RATON, F	/E #202		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I ROWEN, NANCY 22805 SW 66 AV BOCA RATON, F	/E #107		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I GOLDMAN, ELIS 22805 SW 66 AV BOCA RATON, F	/E #105		Title: Name: Address: City-St-Zip:	S (X) Change () Addition BALDASSARE, DOROTHY 22805 SW 66 AVE #103 BOCA RATON, FL 33428	
Title: Name: Address: City-St-Zip:	T () I BURKLE, DONAI 22805 SW 66 AV BOCA RATON, F	/E #207		Title: Name: Address: City-St-Zip:	T (X) Change () Addition BURKLE, DONALD 22805 SW 66 AVE 207 BOCA RATON, FL 33428	
Title: Name: Address: City-St-Zip:	D () I BLAIS, PAUL 22805 SW 66 AV BOCA RATON, F			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I DEFALCO, CATH 22805 SW 66 AV BOCA RATON, F	/E #203		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD BURKLE TREA 02/27/2009